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APPLICANT: Gall et al.

EXAMINER: Bui, Hung S.

SERIAL NO.: 10/659,884

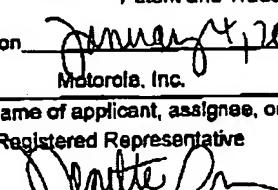
GROUP: 2841

FILED: 09/11/2003

CASE NO.: IS01231AP

TITLED: Electronic Control Unit

Motorola, Inc.
Law Dept. - 3rd floor
1303 E. Algonquin Rd.
Schaumburg, IL 60196

Certificate of Transmission under 37 CFR 1.8	
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.	
on	January 4, 2005
Motorola, Inc.	1/4/2005
Name of applicant, assignee, or -Registered Representative	Date
	
Signature	

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

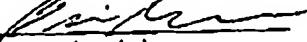
Sir:

In response to the Restriction Requirement dated November 03, 2004 in the above captioned matter, please enter the following amendment and response:

Authorization is hereby given to charge any fees necessitated by actions taken herein to
Deposit Account 50-2117.

Respectfully submitted,
Gall et al.

Customer Number 22917
Motorola, Inc.
Law Dept. - 3rd floor
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APPLICATION OR DOCKET NUMBER
10/659 884

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2004

CLAIMS AS FILED - PART I

		(Column 1)	(Column 2)
TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		minus 20 =	*
INDEPENDENT CLAIMS		minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	114/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	20	Minus	20 = -
Independent	23	Minus	3	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

114, 14,

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	Minus		=
Independent	Minus			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY TYPE	OTHER THAN SMALL ENTITY
RATE	FEES
BASIC FEE	395.00
OR	BASIC FEE
X 25	790.00
OR	X 50
X 100	X 200
OR	+ 180
TOTAL	+ 360
OR	TOTAL

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE
RATE	ADDITIONAL FEE
X 25	X 50
OR	X 200
X 100	+ 180
OR	+ 360
TOTAL ADDIT. FEE	TOTAL ADDIT. FEE

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	Minus		=
Independent	Minus			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X 25		X 50	
OR		X 200	
X 100		+ 180	
OR		+ 360	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	Minus	**	=
Independent	Minus		***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X 25		X 50	
OR		X 200	
X 100		+ 180	
OR		+ 360	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "-".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number ever found in the appropriate box in column 1..